

the CSTAR program. Timeliness will be measured based on the complexity of the issue(s) involved and whether the proposed state plan amendment can be processed without obtaining additional information from the Department of Mental Health.

The Department of Mental Health will provide the Department of Social Services all information required to submit a Medicaid State Plan amendment at least 15 working days prior to the time the amendment must be submitted to HCFA.

20. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the activities authorized under this agreement.

B. Department of Social Services

The Department of Social Services (DSS) agrees to:

1. Provide program interpretations of Title XIX regulations relating to DMH responsibilities regarding the CSTAR Program.
2. Provide training about Title XIX for DMH staff as determined to be necessary by the Director of DSS and/or the Director of DMH.
3. Determine recipients' eligibility for Medicaid.
4. Reimburse enrolled CSTAR providers for services provided to eligible clients pursuant to the rehabilitation option in the State Medicaid Plan.
5. Reimburse the Department of Mental Health at the state Medicaid match rate of 50% for CSTAR administrative activities performed by Department of Mental Health staff. Reimburse the Department of Mental Health at the enhanced match rate of 75% for CSTAR administrative activities performed by Skilled Professional Medical Personnel within the Department of Mental health for eligible claims prepared in accordance with applicable federal regulations. Changes in federal regulations affecting the matching percentage, and/or costs eligible for administrative or enhanced match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
6. Exchange with DMH data to jointly compile periodic reports on the number of clients served, services utilized and costs.


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7. Review reports of provider noncompliance from DMH and jointly pursue any sanction or other action necessary and appropriate to remedy the noncompliance.
8. Prepare, print and mail material regarding CSTAR services to Medicaid CSTAR Providers. This includes manuals and bulletins. Assist DMH in reviewing any materials or reports to be published by DMH regarding CSTAR services. All such materials published by DMH as may affect compliance with Title XIX rules shall be subject to DSS/DMS review and approval prior to distribution.
9. Review and comment on policy and procedures for the internal operation of DMH, where such policy and procedure may affect compliance with Title XIX (Medicaid) rules.
10. The Department of Social Services/Division of Legal Services will conduct hearings requested by recipients who have been denied CSTAR state plan services.

IV. TERMS OF THE AGREEMENT

The effective date of this agreement is July 1, 1994. This agreement may be modified at any time by the written agreement of all parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made for the period when the contract is in full force and effective.


 Gary J. Stangler
 Director, Department of Social Services

12/02/1994

Date


 Joann Leykam
 Acting Director, Department of Mental Health

12/1/94

Date

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COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES
Division of Medical Services
and
THE DEPARTMENT OF HEALTH
Division of Health Resources

Data Development, Research, and Analysis
for
MEDICAID EXPANSION FOR PREGNANT WOMEN AND CHILDREN
EPSDT
Medicaid Managed Care

STATEMENT OF PURPOSE

The Missouri Departments of Social Services (DSS) and Health (DOH), in order to provide the most efficient, effective and cost effective administration of Title XIX program, hereby agree to the conditions included in this Cooperative Agreement.

The Department of Social Services and the Department of Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective departments which are currently included in the Title XIX State Plan.

I
MUTUAL OBJECTIVES

1. Evaluate Medicaid expansion, EPSDT services and managed care delivery system.
2. Develop, improve and utilize new and current information systems to evaluate access of health care services in Missouri and to improve and expand prenatal and preventive health services to Medicaid eligible recipients through education, cooperative planning, reducing barriers to access to health care and follow-up activities.
3. Develop information to monitor health status of the medicaid population under managed care.

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4. Develop tracking systems to improve delivery of services including but not limited to immunizations, lead screening and other services.

II PROGRAM DESCRIPTION

Medicaid eligibility and services have been greatly expanded for pregnant women and children since January 1, 1988. Eligibility was expanded to include mothers and children up to 100 percent of the poverty level. Before that time, eligibility was limited to persons below 37 percent of the poverty level. Beginning July 1, 1990, eligibility was expanded again to 133 percent of poverty. Case management activities for pregnant women also began in 1988. Presumptive and continuous eligibility of mothers and children were also implemented July 1, 1990. Fees for physicians providing prenatal and obstetrical services were greatly increased beginning July 1, 1990. Plans are underway for converting the existing Medicaid fee for service reimbursement system to a managed care system. A request for proposal for managed care in the St Louis area is in preparation. A statewide 1115A Waiver is under consideration by the Health Care Financing Administration. Other policy recommendations are also being considered to improve access to care. All of these changes are designed ultimately to improve access to services and improve the health status of the medicaid population.

This program is designed to evaluate the possible effects of these Medicaid activities on access and quality of services.

Several sources of data will be developed and used in these evaluation and improvement of services efforts. These include, but are not limited to (1) Birth certificates. (2) Medicaid encounter files. (3) Income maintenance files. (4) Medicaid provider files. (5) Case Management files. (6) Health manpower files. (7) Hospital inpatient and outpatient files. (8) other patient related data.

Activities will include (1) Extracting data from DOH files (2) Linking birth certificates with Medicaid paid claim and eligibility files (3) Linking information from Medicaid provider files, birth certificate files, health manpower files and other files. (4) Providing listings and mailing labels from health manpower files. (5) Writing reports evaluating Medicaid expansion policy changes on access to care, level of prenatal in the Medicaid population, and pregnancy outcomes. (6) Developing managed care health status indicators. (7) Developing, analyzing and providing data

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to evaluate the quality of managed care services. (7) Providing assistance to the Division of Medical Services in evaluation and data needs as resources permit.

III RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse DOH the Title XIX federal share of actual and reasonable costs for services provided by staff based upon a time-accounting system; expense and equipment and necessary administrative costs (including CPU costs) to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
2. Reimburse DOH the Title XIX federal share of actual and reasonable costs incurred from EDP for their provision of data necessary for the research activities.
3. Meet and consult on a regular basis, at last twice a year, with DOH on issues related to this agreement.

DOH agrees to:

1. Provide research, information systems, and support staff to fulfill terms of this agreement.
2. Account for the activities of the staff employed under this agreement in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95.
3. Provide as requested by the state Medicaid agency the information necessary to request Federal funds available under the State Medicaid match rate. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the executive officer of the Department of Health.

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4. Return to DSS any federal funds which are deferred, and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of DOH.
5. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance, coordination, and quality assurance activities authorized under this agreement.
6. Meet and consult on a regular basis, at least twice a year, with DSS on issues arising out of this agreement. At least annually evaluate the policies, duties and responsibilities of each agency as they pertain to this agreement. Make arrangements for periodic review of the agreement and for joint planning for changes in the agreement.
7. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulations on program matters.

IV

PERIOD OF PERFORMANCE/TERMINATION OF AGREEMENT

1. This agreement shall become effective July 1, 1994 ~~upon signing~~ and shall be in force until canceled by either party.
2. This agreement may be canceled by either party with ninety (90) days prior written notice.

The parties hereto have signed this Cooperative Agreement on the date indicated.

Garland Lord
Director, Division of Health Resources

7/14/94
Date

Queen W. Alian
Director, Department of Health

9/16/94
Date

Donna Cheppett
Director, Division of Medical Services

10/20/94
Date

SKS. J.
Director, Department of Social Services

November 8, 1994
Date

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Supersedes TN. 93-14

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COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE DEPARTMENT OF HEALTH, Division of Maternal, Child and Family Health,
Bureau of Family Health

ADMINISTRATIVE CASE MANAGEMENT
HEALTHY CHILDREN AND YOUTH PROGRAM (HCY)

STATEMENT OF PURPOSE

The Missouri Departments of Social Services (DSS) and Health (DOH), in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) aka in the state as Healthy Children and Youth (HCY), hereby agree to the conditions included in this Cooperative Agreement. The provision of HCY (EPSDT) Administration by the Bureau of Special Health Care Needs has been determined to be an effective method of coordinating services and improving care associated with providing identified services beyond the scope of the state plan which are medically necessary and Medicaid coverable services.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the Bureau of Special Health Care Needs has with the medical community, and its expertise in case management, care plan development, service coordination, case planning, service identification, and monitoring. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with DOH for HCY (EPSDT) administration including Prior Authorization of services and technical assistance within the limits of this agreement.

The Department of Social Services, Division of Medical Services recognizes the Bureau of Special Health Care Needs as the most suitable agency to administer service coordination functions through HCY (EPSDT) administration for those children in need of Medicaid medically necessary services.

The Department of Social Services and the Department of Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective Departments which are currently included in the Title XIX State Plan.

MUTUAL OBJECTIVES AND RESPECTIVE RESPONSIBILITIES

OBJECTIVES:

1. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
2. Assure that services are of sufficient amount, duration, and scope to responsibly achieve the stated purpose.
3. Establish a medical care home as defined in Section 9 of the General Chapters of the Medical Provider Manual, for those Medicaid eligible children receiving HCY (EPSDT) service coordination activities.
4. Assure services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through an HCY (EPSDT) screen. The services authorized will be determined by the medical necessity of the service and limitations of the HCY (EPSDT) program as defined by the Medicaid Manual. No service may be prior authorized that has been determined to be unsafe, ineffective or experimental.
5. Assure that all children requiring technical and/or nursing services are provided service coordination.
6. Assure that service coordination is available for all clients requiring service coordination as a result of substance abuse.

II RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse DOH the Title XIX federal share of actual and reasonable costs for HCY (EPSDT) Administration provided by staff based upon a time-accounting system which is in accordance with the revisions of OMB circular A87 and 45 CFR part 74 and 95; expense and equipment costs necessary to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel and their supporting staff (compensation, travel, and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage, and/or cost eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations. The reimbursement of the federal share shall be provided upon receipt of

quarterly financial statement certified by the Department of Health for eligible claims prepared in accordance with applicable federal regulations.

2. Reimburse DOH the Title XIX federal share of actual and reasonable costs for research services provided by staff based upon a time-accounting system; expense and equipment costs, necessary administrative (including CPU costs) to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
3. Reimburse DOH the Title XIX federal share of actual and reasonable costs incurred from EDP for their provision of data necessary for the coordination, identification, and effective case planning for the target population.
4. Provide DOH access to the information necessary to properly provide HCY (EPSDT) Administration and information regarding Medicaid eligibility.
5. Provide to DOH access to the information necessary to properly provide HCY (EPSDT) Administration.
6. Meet and consult on a regular basis, at least quarterly, with DOH on issues related to this agreement.

DOH agrees to

1. Employ all necessary and appropriate Administrative Staff, Nursing Staff, Speech Pathologists, Medical Social Workers, and other professional staff contingent on appropriation authority.
2. Employ administrative staff to provide technical assistance to the Medicaid Case Management providers.
3. Provide linkage of data systems for coordination, identification, and effective case planning for the target population. The goal of this linkage is to monitor utilization, access and evaluation of program integrity.
4. Aid and assist in the development of appropriate screening tools utilized in the HCY screening.
5. Provide HCY (EPSDT) Administration as an agent for the Department of Social Services to assess the necessity for adequacy of medical care, services provided, and act as liaison with multiple disciplines regarding the medical aspects of the program. Activities include:

- A. **OUTREACH ACTIVITIES:** Will assist in identifying possible Medicaid eligibles and referring them to the Division of Family Services for eligibility determination
- B. **SERVICE COORDINATION:** Assistance will be provided to the clients/families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medical Program, and making appointments for:
- 1) Appropriate primary care and screening services or,
 - 2) Evaluations and treatment services identified as medically necessary and prior authorized, or both;
- C. **SERVICE (CASE) PLANNING:** This activity includes the development of interdisciplinary/multidisciplinary teams and plans for coordinating medical services required for the child;
- D. **SERVICE IDENTIFICATION:** This may take place within the case planning conference. From the evaluations and case plan narrative, and with deference to the wishes of the client/family, the administrative case manager identifies the kind, amount, intensity, and duration of services which are required to meet case plan goals. This activity may also include identifying for the client/family all the potential providers of service and documenting the choices which are made;
- E. **PRIOR AUTHORIZATION:** This includes the prior authorization of medically necessary "Healthy Children and Youth" only services. These services are those which are only covered through the HCY (EPSDT) program including but not limited to, private duty nursing, and personal care (including advanced) service, HCY case management, and home health skilled nurse and aides visits.
- F. **SERVICE MONITORING:** This would include reviewing the service plan and any necessary documentation required to identify the clients progress. Service Monitoring includes assurance of identification, planning, and implementation of the services and service coordination.
- G. **CASE CLOSURE, REFERRAL, AND REALIGNMENT OF SERVICE PLAN:**
These services include the assurance that;
- 1) BSHCN will act as a liaison in the due process for the recipient and his family and
 - 2) that the child will be maintained by a primary health care provider who will aid the family/child in accessing services if further need for evaluation or treatment services are identified.
6. Account for the activities of the staff employed under this agreement in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95.